Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) (Column 2) TYPE [**SMALL ENTITY** OR **TOTAL CLAIMS** RATE FEE RATE FEE FOR BASIC FEE NUMBER FILED NUMBER EXTRA 375.00 BASIC FEE 750.00 OR TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= 900 OR INDEPENDENT CLAIMS minus 3 =X42 =X84= OR MULTIPLE DEPENDENT CLAIM PRÉSENT +280= +140= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY SMALL ENTITY OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING -NUMBER ---PRESENT-AMENDMENT RATE TIONAL RATE TIONAL **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$18= X\$ 9= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= ÷280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER PRESENT TIONAL AMENDMENT **AFTER PREVIOUSLY** RATE RATE TIONAL **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus X42= X84= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent Minus = *** X42= X84=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

OR

+280=

ADDIT. FEE

TOTAL

+140=

ADDIT. FEE

TOTAL

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Approved for use through 07/31/2008, QMB 0651-0031 U.S. Patint and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1985, no persons are technical to respond to a collection of information unless it displays a valid CNS control number. TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING Docket Number (Optional) REJECTION OVER A PRIOR PATENT In me Application of: Eric James Converse et al. Application No.: 10/633,779 Filed: 8/4/03 For Optical Amplifier Controller...
The owner General Instrument of 100 _nercent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application. which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 154 and 173, as presently shortened by any terminal disclaimer, of prior Patent No. 6621021. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns. In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that it later: expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321, has all claims canceled by a reexamination certificate, is reissued, or is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer. Chack either box 1 or 2 below, if appropriate. For submissions on behalf of an organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that withful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent The undersigned is an attorney or agent of record. Typed or printed name 09/02/2004 CCOFER 00000001 501047 - 10633779 110.00 DA Terminal disclaimer fee under 37 CFR 1.20(d) included. (please Charge Dep. ACC) 50-1047) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. "Slutement under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assigned (owner). Form PTO/SB/96 may be used for making this certification. See MPEP § 324.

The collection of information is required by 37 CFR 1.321. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, propering, and automitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time your require to complete this form and/or suggestions for roducing this burdon, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for roducing this burdon, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and asiect option 2.

Best Available Copy

01 FC:1814